Department of Personnel Administration

VERIFICATION OF STATE SERVICE OUTSIDE THE EXECUTIVE BRANCH

DPA-039 (REV. 01/03)



Qualifying State service for seniority purposes includes employment with certain nonexecutive branch institutions that include the following: University of California, California State University* (CSU), and the California State Legislative Branch.

The employee named below claims to have worked with your institution as indicated in Section I. Pursuant to California Government Code Section 19997, please verify employment as indicated by the instructions on the second page. Once completed, the form must be submitted to the requesting department contact listed below.

Section I – Employee Info	ormation		
. ,			
Social Security Number	First Name	Middle Initial	Last Name
Date of Birth	Prior Names (if any)		
University or Legislative Branch	Class Title	Approximate Dates of Service	Time Base
* Regarding CSU service,	this form should only be us	sed for intermittent service o	r service prior to 1975.
Section II – Requesting I	Department Instructions a	and Information	
completed and submitted they are instructed to send	to the proper institution. Or I you the verified information tment of Personnel Admini	nce the institution has gathe on, which you must then pro	at Section I and II have been ered the requested information, vide to the State Service and eation of Total State Service
Donostino out Novo o		Department Contact	Desition Title
Department Name		Department Contact	Position Title
Mailing Address		Signature	Date
City Sta	te Zip	Phone Number	Fax Number

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Phone Number

Section III – University Instructions and Information

For this employee to receive the proper State service credit, you must provide the department contact with the following information pursuant to California Government Code Section 19997.

For **University of California** service, please submit a copy of the month-by-month record of earnings to the requesting department contact for the aforementioned employee's dates of service with your university.

For **California State University** service, please submit a copy of the employee's record card to the requesting department contact for the aforementioned employee's dates of service with your university.

For **All Universities**, please provide the exact dates of service in the immediate space below, and indicate whether the employee was a student during any of his/her employment with your university by checking the appropriate box in the student column.

Student		Exact Dates of Service		Time			
Yes	No	From	То	Base	University Name		
					University Contact	Position Title	
					Signature	Date	
					Phone Number	Fax Number	
Secti	on IV -	- Legislative Ins	structions ar	nd Informatio	n		
For this employee to receive the proper State service credit, you must provide the department contact with the following information pursuant to California Government Code Section 19997.							
Please provide Transfer Data Form (612), showing the employee's start date, time base, separation date, and indicate any leave of absences during the history of the employee's employment. The information must be signed by a legislative personnel employee.							
Legis	lative (Contact			Position Title		
Signa	iture				Date		

Privacy Notice: The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Department of Personnel Administration's State Service and Seniority Unit for the purposes of identification and document processing. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in your request not being processed or being processed incorrectly. The Department of Personnel Administration's State Service and Seniority Unit requires employee's social security number and name for identification purposes.

Fax Number